Effective October 1, 2003																				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY									
TOTAL CLAIMS			1				RAT	E FEE		RATE	FEE									
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 385.00	OR	BASIC FEE	770.00									
TOTAL CHARGEABLE CLAIMS			minus 20=		· B		XS 9	=	OR	X\$18=										
INDEPENDENT CLAIMS			minus 3 =		· 4		X43:		┪┈	Yes	<del>`</del>									
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT				743		OR	×00=										
* 11	the difference	e in column 1 is	less than zero, enter "0" in				+145	= :	OR	+290=										
* If the difference in column 1 is less than zero, enter "0" in o						olumn 2	TOTA	L	OR	TOTAL										
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY													
AMENDMENT A		CLAIMS	Ī	HIGHE	ST	(Column 3)	Janac	ADDI-	7	SMALL	ADDI-									
		REMAINING AFTER AMENDMENT	·	PREVIO PAID F	USLY	PRESENT EXTRA	RATE			RATE	TIONAL FEE									
	Total	- 11	Minus	~	-	=	· X\$ 9=		OR	X\$18=										
	Independent	· 1	Minus .		_	=	X43=		OR	X86=										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						.145	1	1	. 000										
							+145= TOT/		OR	+290=										
	•	(Column 1)			- 0\	(O = \ O \	ADDIT. FE		OR	ADDIT. FEE	L									
AMENDMENT B		CLAIMS		(Colum	ST	(Column 3)		ADDI-	1 1		ADDI-									
		REMAINING AFTER AMENDMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA	RATE	_		RATE	TIONAL. FEE									
	Total	•	Minus	**		#	X\$ 9=		OR	X\$18=	•									
	Independent	ATATION OF MI	Minus	***		-	· X43=		OR	X86=										
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=										
						TOTA ADDIT. FE		OR	TOTAL ADDIT, FEE											
		(Column 1)		(Columi		(Column 3)	•	.•												
╌┠		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	•	Minus	***		=	X\$ 9=	1	OR	X\$18=										
	independent	•	Minus	***		= .	X43=	<del>                                     </del>	l . I		:									
_ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A43=		OR	X86=										
	the complements	4 le lee			<b></b>		+145=		OR	+290=										
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***ODIT. FEE									OR A	TOTAL DDIT, FEE										
T	he "Highest Numi	ber Previously Paid	For (Total or	independent	ess the h	ighest number	found in the a	ppropriate bo	in colu	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

Application or Docket Number